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School SBIRT: What, Why, and How




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**Goals of this presentation:**

1. Obtain an overview of SBIRT; and
2. Consider a decision to move forward with training and implementation... or not.


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**What is SBIRT?**


- A well-established, comprehensive public health model used to address selected health behaviors within a population.
- Originally designed for delivery in busy healthcare settings.




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**What is SBIRT?**

- A well-established, comprehensive public health model used to address selected health behaviors within a population.
- Originally designed for delivery in busy healthcare settings.
- Readily adapted for delivery in middle/high schools by pupil services staff.




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**School SBIRT in Wisconsin**
(formerly “Brief Intervention” and “Motivational Interviewing”)


Since 2006...

- 34 two-day “adoption” trainings delivered
- 550 multidisciplinary pupil services staff participated
- 600 audio tapes of practice reviewed!

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**SBIRT components:**

1. SCREENING
2. BRIEF INTERVENTION
3. REFERRAL to TREATMENT



1. SCREENING

- Administer and score a standardized behavioral health instrument to quickly ascertain a student's level of risk (low, moderate, or high).

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GAIN-SS

Global Appraisal of Individual Need -
Short Screener (GAIN-SS):
Administration and Scoring Manual
for the GAIN-SS Version 2.0.1

December 2006

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Dennis et al. (2006)

Global Appraisal of Individual Need - Short Screen

- Well-established
- Developed for use with adolescents in non-clinical settings
- Strong psychometric validity and reliability
- No cost to administer

http://reflections.gainssouth.org/

Web-based administration of the GAIN-SS

The Global Appraisal of Individual Needs - Short Screener (GAIN-SS) is a test designed to identify individuals who are likely to have a mental health and/or substance use disorder and who should be referred for further assessment or treatment. The GAIN-SS has 20 questions and takes about 5 minutes to administer.

Please Log in now

Pupil Services Login Human Services Login

Select CESA District and County:

Username:

Password:

Login

Information about Administering the GAIN-SS

- [GAIN-SS Administration and Scoring Manual](#)
- [Webcast training for Pupil Services in administering the GAIN-SS](#)
- [Pupil Services information about using the GAIN-SS including consent forms](#)

Wisconsin Adolescent Substance Abuse Information & Resources

- [Adolescent Treatment Framework and Practice Guidelines](#)
- [Parent Guide to Adolescent Substance Abuse Information and Services in Wisconsin](#)
- [Adolescent Substance Abuse Information and Services in Wisconsin](#)

Student name: Suzia Date: 4/16/2014

The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant if you have them for five or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they keep you from the way you're you.

After each of the following questions, please fill in the best time that you had the problem, if ever, by answering: "In the past month" (1), "5-12 months ago" (2), "1 or more years ago" (3), "Never" (4).

	Past month	5-12 months ago	1 or more years ago	Never
1. Within the last time that you had this significant problem:				
a. with thoughts of suicide or suicide attempts	1	2	3	4
Mental Health				
b. with feelings of hopelessness or despair	1	2	3	4
c. with loss of interest in usual activities	1	2	3	4
d. with becoming very depressed and upset when something unrelated you to the past?	1	2	3	4
e. with thinking about ending your life or committing suicide?	1	2	3	4
2. Within the last time that you did the following things five or more times?				
a. used alcohol or drugs	1	2	3	4
Behavior/Conduct				
b. started fights with other people?	1	2	3	4
3. When you the best time that...				
a. you were arrested or charged with...	1	2	3	4
b. you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or having the effects of alcohol or drugs?	1	2	3	4
Alcohol/Drugs				
c. you had problems with school, work, or family because of alcohol or drugs?	1	2	3	4
d. you had withdrawal problems from alcohol or drugs at some time during the last 12 months?	1	2	3	4
e. you had trouble staying out of sleeping, or that you used any alcohol or drugs to help you sleep or to avoid withdrawal problems?	1	2	3	4
4. When at the best time that you...				
a. had a...	1	2	3	4
b. were...	1	2	3	4
c. were...	1	2	3	4
d. were...	1	2	3	4
e. were...	1	2	3	4
f. were...	1	2	3	4
g. were...	1	2	3	4
Crime/Violence				

4 domains

Within each domain, results will show level of risk:

- *Low/No Risk
- *Moderate Risk
- *High Risk

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Time Line Follow Back Calendar

Examines the past 30-day frequency of a target behavior.

Student name: Shelia

Today's date: 11/26/2012

TUFB Calendar

○ - alcohol (days)
 X - marijuana (times)
 * - other drugs (days)


Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11/17	11/18	11/19	11/20	11/21	11/22	11/23
11/24	11/25	11/26	11/27	11/28	11/29	11/30
12/1	12/2	12/3	12/4	12/5	12/6	12/7
12/8	12/9	12/10	12/11	12/12	12/13	12/14
12/15	12/16	12/17	12/18	12/19	12/20	12/21
12/22	12/23	12/24	12/25	12/26	12/27	12/28
12/29	12/30	12/31	1/1	1/2	1/3	1/4

During the past 30 days, on how many days was alcohol used? 0

During the past 30 days, on how many times was marijuana used? 0

During the past 30 days, on how many days were other drugs used? 0


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1. SCREENING (cont.)

- Administer and score... then
- Interpret results; ascertain student level of risk.
- Initiate **Brief Intervention** for results that show moderate or high risk.

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2. BRIEF INTERVENTION (BI)

- Delivered using a protocol.
- 1-4 sessions, about 15 minutes each.
- Guiding style of communication (Motivational Interviewing).
- Collaborative, empathetic, and respectful of choice.
- Designed to enhance and strengthen a student's internal motivation for change on a specific target behavior.
- This is accomplished by evoking (drawing out) and exploring the student's own reasons for change (Change Talk) in an atmosphere of acceptance.

Elements of BI Practice


Protocol & Tools

Use Core Skills
Focus on Target Behavior
Recognize Student Change Talk

Guiding Style of Communication
(Motivational Interviewing)

Practice-as-Usual	Brief Intervention
<ul style="list-style-type: none">• Staff ideas for change are central.• Ambivalence is pathologized.• Educate students!• Staff tells more than listens; lots of informing.• Ask lots of <u>closed questions</u> (fact gathering).• Ignore or confront student choice.• <u>Overuse of a Directing Style.</u>	<ul style="list-style-type: none">• Student ideas for change are central.• Ambivalence is normalized.• Evoke from students!• Staff listens more than tells; minimal use of informing.• Ask some key <u>open questions</u> (motivation enhancing).• Embrace and emphasize student choice.• <u>Strategic use of a Guiding Style.</u>


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3. REFERRAL to TREATMENT (RT)

- This is a data-driven decision based on a student’s response to BI.
- Referral could be internal for more school-based services.
- Referral could also be a recommendation for assessment by a licensed mental health or substance abuse professional.
- RT strengthens linkages between school and community-based services.


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Why deliver SBIRT?

1) Expands pupil services capacity to address a range of behavioral health concerns.

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Evidence-based practice for adolescent alcohol/drug use...

Use of Brief Interventions for Drug Abusing Teenagers Within a Middle and High School Setting

Winters et al. (2007)

- * Reduced frequency of use
- * Reduced problem symptoms
- * Increased rates of abstinence
- * Increased engagement in services

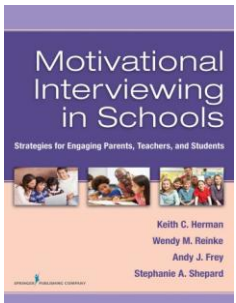
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Promising practice to address...

Mental health

Homework completion




Attendance

Fighting

Classroom conduct

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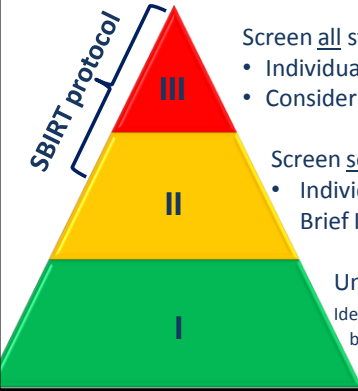


Why deliver SBIRT?

- 1) Expands pupil services capacity.
- 2) Fits with pupil services philosophy.
- 3) Student friendly, works with culturally diverse teens, and is highly engaging.
- 4) Fits within PBIS and Response to Intervention (RtI) frameworks.

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SBIRT fits within PBIS



Screen all students here

- Individual BI
- Consider RT


Screen selected students

- Individual or group-based Brief Intervention

Universal screening?

Ideal, but not feasible if done by existing school staff.

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SBIRT Pilot Results (2013-2014)

Follow up screening was conducted ~30 days from initial screening to ascertain response to BI.

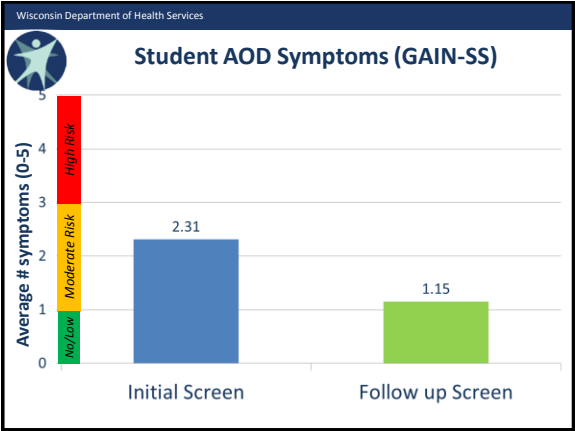
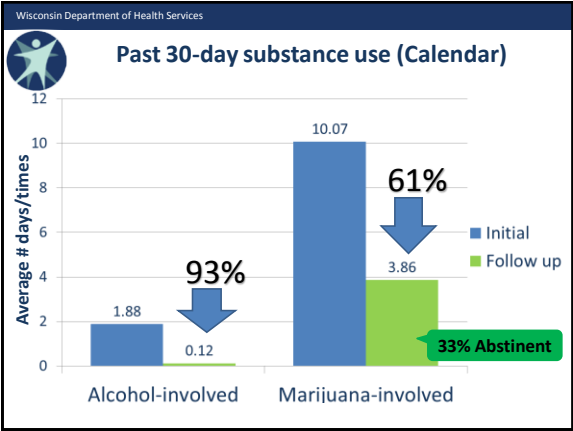
- District plan: deliver SBIRT as a part of reinstatement to all students suspended for AOD involvement
- # high school students = 32
 - Alcohol (n = 17)
 - Marijuana (n = 15)
- Ave. # BI sessions = 3 (range 2-6)
- Successful completion rate = 97% (n = 31)

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Staff recorded data using this tracking sheet.

Student ID	Completed Program	Initial BI Results			Follow-up BI Results			Total # of Sessions	AODA Reinstatement
		Alcohol (n)	Marijuana (n)	Other (n)	Alcohol (n)	Marijuana (n)	Other (n)		
1									
2									
3									
4									
5									
6									
7									
8									
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32									



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Student Evaluation of SBIRT Services

1 (strongly disagree) to 4 (strongly agree)

Item	Results
The discussion about alcohol/drug use was helpful.	3.86
The counselor listened to me and tried to understand my perspective.	3.95
The meeting helped me to examine the “pros” and “cons” of my alcohol/drug use.	3.76
The counselor helped me to feel more confident about changing my alcohol/drug use.	3.76


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Limitations of SBIRT

- Tested down to age 12.
- Research-base is growing, but limited to date.
- Students who have already made changes.
- Harm reduction philosophy may conflict with staff orientation or district “zero tolerance” policies.
- Takes staff time and focus during initial implementation.


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Why deliver SBIRT? Bottom Line

SBIRT is an efficient and effective way for pupil services to address behavioral health problems that students can present. Implementing SBIRT should not be seen as “another thing to do” but should be seen as a way to meet the needs of your students while advancing your district’s values and priorities.


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The How: Factors that Promote Successful District Implementation

- School leadership and staff sees value in SBIRT and prioritizes its delivery.
- Strategic planning for how SBIRT will be delivered.
- More than one staff is trained.
- Staff engage their own behavior change process.
- Good adherence to the SBIRT protocol.
- A simple data collection system is used to ascertain RtI.
- Data used to inform a quality improvement process to increase fidelity of services.


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Training Process

1. Complete and submit Initial Implementation Plan.


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The Initial Implementation Plan:

1. What student target behaviors will you address using SBIRT?
2. How does SBIRT fit with your existing district/building priorities?
3. How will you determine which students receive SBIRT and the timing? In other words, what will “trigger” the delivery of SBIRT with a particular student? If PBIS is being implemented in your district, how might that framework be used to determine which students receive SBIRT?
4. How will parent consent be obtained prior to screening students? Will you administer the GAIN-SS using paper-and-pencil or the web-based application?
5. Who among the student services team will be trained?
6. Are participating staff willing to record SBIRT data?
7. Will participating staff receive the administrative support to allow the time needed for initial delivery of SBIRT?

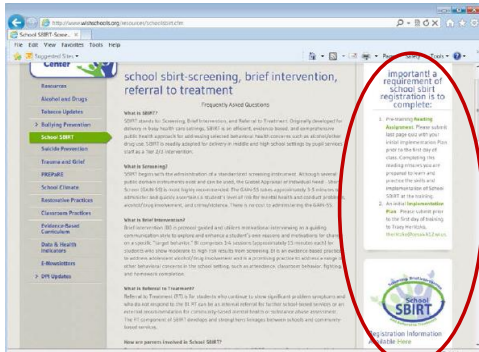
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Training Process

1. Complete and submit Initial Implementation Plan.
2. Complete pre-training assignment (~ 1 hour).
3. Initial training (1-day) – audio record practice session.
4. Deliver services, fidelity checks, and record data.
5. Follow up training (1-day) – feedback on session.
6. Technical assistance is available.

For more on School SBIRT, go to the WISH Center website.



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2014-2015 Trainings


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Location	Initial Day	Follow Up Day
CESA #1 (Pewaukee)	1/6	2/9
CESA #2 (Whitewater)	10/22	11/12
CESA #4 (West Salem)	10/27	12/2
CESA # 7 (Green Bay)	11/17	1/13

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Thank you!

School SBIRT trainer contact information:

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